

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						
2						
3						
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49						
60						
TOTAL NO.	2					
TOTAL DEP.	16					
TOTAL	18					

	NO.	DEP.	NO.	DEP.	NO.	DEP.
61						
62						
63						
64						
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99						
100						
TOTAL NO.	3					
TOTAL DEP.	32					
TOTAL	35					